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ABSTRACT

Papers on library services to hospital personnel, hospital patients, and housebound or handicapped persons, which were presented at the 1983 International Federation of Library Associations (IFLA) conference, include: (1) "Education and Training for Health Care Librarianship," in which Antonia J. Bunch (United Kingdom) discusses the scope of and training for health care librarianship (serving doctors, nurses, physiotherapists, biologists, and other health care professionals) and welfare librarianship (serving hospital patients, the physically and mentally handicapped, housebound readers, and other socially or economically deprived people), particularly in the United States, the United Kingdom, and Scandinavia; (2) "Hospital Libraries, in the Federal Republic of Germany (FRG) in General, and in Munich in Particular," a description by Hannelore Schmidt (West Germany) of the development, administration, services, and funding of German hospital libraries serving patients or medical staff; and (3) "Mobile Library House Services in the Federal Republic of Germany (FRG) in General and in Munich in Particular," in which Beate Drager (West Germany) describes the development, organization, and operation of mobile library services for housebound readers and residents of old peoples' and handicapped peoples' homes. (ESR)

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Division: Libraries Serving the General Public

Section: Library Services to Hospital Patients and Handicapped Readers

Education and Training for Health Care Librarianship

by

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During the course of the twentieth century, librarianship has become an increasingly multi-faceted profession as librarians continue to be called upon to exercise their skills in areas that could not have been imagined even 60 years ago, still less when the Library Association (United Kingdom) was founded in 1877. The present century has also seen the development, to a high level, of education for the profession of librarianship. Most countries of the world, including developing countries, now have formal, full-time educational programmes, and many offer facilities for advanced study and research leading to higher degrees, including doctorates. One of the great problems facing educators in librarianship is that of fitting in to an often already overcrowded syllabus all, or even some of the many specialities demanding attention. A three or four year undergraduate course or a one or two year post-graduate course is not long enough to cover all the possibilities. This also raises the question as to what level of knowledge can be attained by a library school student and whether the curriculum should contain both general and specialist elements or only one or the other. In this paper I would like to offer some personal reflections on the problems of education and training for health care librarianship, and at this point I must acknowledge my indebtedness to my colleague, Mr. David Matthews of the College of Librarianship Wales, whose M.Sc. thesis[1] on this subject has stimulated my thinking, and also to my discussions with him and Mrs. Wylva Partington, Secretary of the Hospitals Group of IFLA.

I have deliberately chosen to speak about education and training since I believe these are distinct although totally interdependent aspects. 'Education' aims to impart the theoretical aspects of a subject and encourages the development of the mind and the ability to handle concepts. 'Training', on the other hand, covers the practical aspects. Librarianship, like medicine, law, or architecture is a vocational subject and its exercise demands many practical skills.

These, however, must be based on a solid foundation of theoretical knowledge allied to a mind capable of independent thought. The term 'health care' is used to cover the broadest possible spectrum of disciplines within the 'health' field. Thus it includes medical librarianship, health sciences librarianship, nursing librarianship, hospital librarianship and welfare librarianship. These are the titles most commonly in use in Europe and the United States, the countries in which this area of librarianship can be seen in its most developed form. Definitions in this area are exceedingly complex. Some wish to isolate medical librarianship (i.e. library services to the medical community, especially doctors) as a distinct discipline. Many others, most notably in North America, use the term 'health sciences' to include medical librarianship and library service offered to allied health care professions (e.g. nurses, physiotherapists, biologists). In passing it may be noted that in Scotland, the Association of Scottish Health Sciences Librarians established in 1975 to bring together librarians working in any health-related library in that country, includes patients' librarians in its membership, and also those serving administrative staff, architects and engineers. 'Hospital librarianship' often means library services to patients but can also mean services provided to medical and other staff working in a hospital as opposed to, for example, a medical school library in a university. 'Welfare librarianship' can include services to hospital patients and indeed Matthews recommends this as the preferred term[2], but it also covers services to the physically and mentally handicapped, to housebound readers and can include special services to penal institutions, immigrant communities, ethnic minorities and the socially and economically deprived. Another term, much in use for these last categories is 'outreach'. It is interesting to note here that this Group of IFLA now covers the interests of librarians providing services to prisons.

So the range is potentially very wide, from highly specialised services to clinicians and medical students on the one hand to general, educational, and recreational services to special groups within the community. Here the question may be posed, is it possible or even desirable that such a diversity of services can be considered together? Many will argue that specifically medical librarianship or even health sciences librarianship is so different in practice from patients' librarianship that the two are quite distinct disciplines and cannot be combined in the one person or the one library. Usually patients' librarianship is regarded as inferior, often by both disciplines. Matthews quotes a Danish hospital librarian who when asked if her library served the staff of the hospital with medical literature replied "Certainly not, we are not qualified".[3] There is certainly something to be said for the argument that medical and patients' librarianship demand different types of expertise although one area in which both have a definite overlap is that of 'patient information' (i.e. the provision of information to patients about their illness, treatment and aftercare). Nevertheless although patients' and medical librarians do require different talents and personal qualities, the fact that they can be combined in the one person has been ably demonstrated by a number of librarians most notably in the United Kingdom by Mrs. Wylva Partington at the Queen Elizabeth II Hospital, Welwyn Garden City and in the United States by Miss Barbara Coe Johnson at Harper Hospital, Detroit. This raises questions about basic education in librarianship such as, how far is it possible or desirable to educate students to be able to work in any type of library, and how great a part does the librarian's own personality, quite apart from education and training, contribute to his or her ability to do the job? Some library schools include both health sciences and welfare librarianship in the one course, others one or the other or both, but as separate options. Many include welfare librarianship, including service to hospital patients, in their course on public librarianship. Some, on the other hand, cover

only 'outreach' services (ethnic minorities, socially and economically deprived and housebound readers) under welfare librarianship and exclude hospital patients and penal establishments.

The need for specialist education and training in health care librarianship seems now to be widely accepted. As early as 1923 the University of Minnesota proposed a five-year course the final year of which would be devoted entirely to the theory and practice of hospital (i.e. medical) librarianship. These proposals, however, were never implemented and it was not until 1939 that the first course on medical librarianship and medical bibliography was offered by Columbia University School of Library Science. In 1948 the Medical Library Association adopted a certification programme and this gave added impetus to the establishment of courses in medical librarianship, but the greatest boost to education in this area was provided by the Medical Library Assistance Act of 1965 which enabled funds to be made available for education and training as well as the development of medical libraries themselves. In 1967 Case Western Reserve University School of Library Science established a specialised degree programme in health sciences librarianship and by 1969, 17 out of 42 ALA accredited library schools were offering courses that included medical or health sciences librarianship. The latter term is now tending to replace the former in library education in the United States. Hand in hand with full time formal education went a programme of internships in which the student held a salaried trainee post in a library and received instruction in all aspects of medical library work including lectures, seminars and visits to other libraries. This needs a large library staff capable of teaching students.

In the United Kingdom specialist teaching in medical librarianship came much later when, in 1950, the Library Association added this speciality to its syllabus for the Fellowship. The examination consisted of two three-hour papers, one in medical librarianship the other in medical bibliography. When the syllabus was reorganised in 1964 and the Fellowship became attainable only by thesis, the paper

in medical bibliography was added to syllabus for the Registration Examination (ALA) but the other paper, in medical librarianship, was dropped. Latterly, with the decline in part-time education, the number of students seeking to sit this option has fallen and it has now been deleted. In 1985 the Library Association will cease to be an examining body and the responsibility for examinations will rest entirely with the library schools. In the United Kingdom, demand is currently being met by courses in some of the library schools and by in-service training, most notably in some of the National Health Service regions.

In contrast to their achievements in education for medical or health sciences librarianship, the Americans have not progressed so far along a similar road in welfare librarianship, indeed as recently as 1977, Merrillyn Gibson who investigated the library schools teaching in this area concluded that in 75% of ALA accredited schools:

> "There appears to be either no consideration of this aspect of library services or the subject is taught briefly in one or more general courses which appear to lack continuity or depth".[4]

In Scandinavia and the United Kingdom much more attention has been given to education and training for welfare librarianship. The first Swedish course for hospital librarians was held in 1950 in Stockholm. A second course for Scandinavian librarians was held in 1956 and these have continued at regular intervals ever since. Indeed the emphasis placed on services to the disadvantaged in Scandinavian countries has caused some controversy. David Matthews quotes the slightly irate Finnish librarian at the Anglo-Scandinavian library conference in 1974 who, when the subject of hospital librarianship came up, declared.

> "It seems that the ideal customer of a Finnish public library is a disabled immigrant with learning difficulties who is in prison".[5]

In the United Kingdom the Library Association had established a specialist certificate in hospital (i.e. patients') librarianship as early as 1945: but this was an optional extra, not an integral part of the basic registration examination. In 1964, however, the reorganised syllabus included this subject as one of the recognised options for the registration examination. Prior to this, a course of lectures had been given at the North-Western Polytechnic School of Librarianship in London by Ronald Sturt and these formed the basis of the textbook Hospital libraries and work with the disabled edited by Mona Going and first published by the Library Association in 1963. The third edition, edited by Mona Going and Jean Clarke was issued in 1982. In spite of the decline in students taking the Library Association's examinations, the hospital libraries paper continued, until very recently, to attract a considerable number of candidates. The recent decline is due to the fact that numbers overall are falling since the Library Association's examinations will be discontinued in 1985. The hospital libraries paper has been disparagingly referred to as a 'soft option' but, whilst it is true some who sit this examination do not intend to work in a hospital library, this area of librarianship is attractive to many, especially to women who tend to be predisposed towards the disadvantaged and elect to take this option out of genuine interest.

Having, briefly, surveyed the historical development of education and training for health care librarianship, it would be helpful perhaps to look next at the current attitudes towards education and training for special subjects. Here, the views of educators seem divided. On the one hand is the attitude which the United Kingdom largely favours, that library education should consist of certain basic classes which are compulsory, with specialist options. The 'core course' idea, however, has not found such favour on the other side of the Atlantic where a higher degree of specialisation is preferred and where the credits system militates against the core study concept. Some would say that by trying to teach everything

you end up by teaching nothing! This is perhaps an extreme criticism. It would be neither desirable nor possible to teach everything on a basic one, two or even four-year course. On the other hand, should students be forced to choose a very specific area of librarianship so early in their careers? This becomes an even more important issue in times like the present of universally high unemployment, when a newly qualified librarian may have to be prepared to work in any type of library in which he or she may find a job. At Strathclyde University, for example, the students would prefer not to have to choose between even such broad areas as public libraries, academic and special libraries, and school and children's libraries. This introduces very firmly the aspect of market forces and the extent to which they should control the curriculum in library schools. Learning for its own sake has always been sufficient justification for the establishment of any course, but since librarianship is a vocational subject are we morally right in educating students in a specialism which may have little career prospects at the present time? Perhaps the solution, as with most problems, lies in some form of compromise. I would suggest that we must educate students as generally as possible so that they could work competently in any type of library. We should perhaps also attempt to offer some special options, particularly for the benefit of those who already feel committed to a special area of librarianship, and also to give others the opportunity to study in greater depth a subject of which they may previously have been unaware. Given, however, the difficulties of lack of time and of choosing which special options to offer, it would seem that the main thrust ought to be in the area of short courses and continuing education. At this point it must be stressed that education in a school of librarianship does not produce a finished librarian. Some years of practical experience must be added to a good basic foundation and even then can we say we have a finished article? Education, particularly in a rapidly changing world, is a life-long activity; it does not

end when students complete their formal education and it is an important task of any educational establishment to make sure that its students understand this.

Here, it seems pertinent to ask whether health care librarianship should form part of core courses or be totally confined to specialist full-time and short courses.

Increasingly, in United Kingdom curricula, the needs of the disabled and disadvantaged in the community are being taken into account in core courses, especially those covering public library services. Additionally, topics like access for the disabled are covered in studies on library planning and accommodation, and sources of information on health and disability being catered for in the context of community information. There is considerably less coverage in core courses of institutional welfare librarianship (i.e. services to hospital patients, both acute and long-stay, and to penal establishments) and it must be said that as part of a more general course, these services cannot be covered in sufficient depth to produce librarians capable of working to their full potential in these organisations. This is a point to which I will return later.

So far as health sciences (i.e. services of professional and technical literature to all or any group of health care workers) are concerned there is much less demand from students for education in this area in the United Kingdom than in the United States. I think it should also be said that there is much less need. Medical, nursing, and health sciences libraries are all types of special library and anyone trained in basic special library techniques and in bibliographical searching and information gathering should be able to work in any special library. The factor that distinguishes the medical librarian from the law, agriculture, or industrial librarian is a knowledge of the organisation of the discipline and a knowledge of the literature, an expertise which can only be built up in time through working in a library covering the subject and, particularly if the library is small,

attending short courses on the literature of the subject and on the management structures of the discipline. In countries, therefore, where the specialist job market is small, there is probably no more need for courses at basic level in health sciences librarianship than for any other special subject.

There is possibly a much stronger argument in favour of an option at the basic level of education in institutional welfare librarianship since this is so unlike any other form of librarianship likely to be offered in a core course. The hospital and the prison are communities in microcosm and anything learned about the community at large will be of only limited help to the librarian working in the institutional environment. Managing volunteers, for example, is not something likely to be encountered in other areas of librarianship. Allied to basic education there must also be opportunities for practical training before the student is sent out into the world to seek a full-time post. Most library schools accomplish this by periods of fieldwork training but opportunities for this, especially on a one-year post-graduate course for example, are very limited. Since personality and personal qualities are so outstandingly important in welfare librarianship, fieldwork does have the additional advantage of sorting out those who are unlikely to be successful in this sphere, for example, the squeamish, the sentimental or the authoritarian. In the United Kingdom it is now necessary for a would-be librarian to spend three years working in a library after completing his or her basic library education, before achieving registration as a chartered librarian with the Library Association. Since it is the Library Association's policy to make librarianship an entirely graduate profession, there is now a very long period before a librarian can become chartered - three or four year degree course plus one-year post-graduate course if first degree is not in librarianship plus three years of approved practical training. A minimum of six years and possibly eight or nine, especially for Scottish students who have studied modern languages, to make a librarian. It may be that the time has come

for a radical re-thinking of our education and training programmes. I would like to throw into the arena the proposition that instead of a long period of formal education with occasional fieldwork placements and visits followed by a long period of practical training, we should begin to think of what in the United Kingdom is usually called a 'sandwich' course (i.e. lectures and discussions interspersed with periods of work in a library throughout the course). In this way students could experience extended periods (three to four months) of work in different types of library, which would benefit both their theoretical studies and broaden their horizons about librarianship in general. It is a method that has been adopted with success in industry-related subjects like engineering.

This suggestion of course is not new but, apart from some attempts to get near this concept, it has not been received with much enthusiasm in librarianship possibly because it would cause a major rethinking in attitudes to education and training, and librarians are, on the whole, rather conservative in their attitudes. Such a proposal does, of course, raise some very big issues. Would we, for example, be able to find a sufficient number of 'training' or 'teaching' libraries? How would students be financed for a possible five or six-year 'sandwich' course? Here the question must be asked "Need the education and training programme take as long as five or six years?" A recent suggestion in a United Kingdom research report[6] to cut graduate education from three to two years would, if implemented, involve a re-working of current undergraduate and post-graduate courses in librarianship.

Whether or not health sciences and welfare librarianship are taught in full-time courses there is an undoubted need for post-basic, continuing education, short courses. The rate of change in librarianship is accelerating as it is in so many

other professions, and in life generally. The busy practitioner is not always able to keep up with new developments and regular, short refresher courses are of great assistance. There is also the need, as has already been mentioned, for the librarian who has received a good, basic general education in librarianship to learn more about the specialist area in which he or she finds him/herself working. In recent years, however, it has been the British experience that when such courses are offered they tend not to take place through lack of support. The reasons for this may be several. Many libraries in this area are staffed by only one or two people and there often is difficulty in getting away to attend a week's course. Then there is the financial aspect. With cuts in funding, training budgets are often the first to suffer and an employing authority may be unwilling to support a librarian attending a short course. The librarian him/herself may be unwilling or unable to provide personal finance for such an activity.

Another solution, advocated by Matthews[7], is the concept of the 'teaching library', integrated with the library school curriculum and fulfilling a role similar to that of the teaching hospital in medical education.

Finally, it is appropriate to look at the question of who should carry out the education of librarians in specialist fields. Should it be a full-time lecturer who is likely also to be teaching much wider aspects of the curriculum or should it be a practitioner, someone working in the field? There is always the danger that the full-time educator will become out of touch with the realities of the practical situation and he or she should be aware of this and seek to minimise that particular danger. The practitioner, on the other hand, is not able to take a wider view of the curriculum or to have contact with the students in the overall context of their librarianship education. Once again, compromise seems best. A full-time lecturer in overall charge of a specialist course can be well supported by guest lecturers

from among the practitioners, together with visits and fieldwork placements. A 'sandwich' course would take care of this problem automatically.

In conclusion, it must be stated that this is an unbelievably complex subject, often bedevilled by a partisan approach. I realise that I have raised more questions than I have attempted to answer. I hope, however, that these reflections will stimulate a great deal of discussion and even, if necessary, healthy disagreement. Change for its own sake is never desirable but it is good that we should from time subject our attitudes and our methods to scrutiny. Do we, for example, need specialist education in health care librarianship and if so, when, where and how should it take place? Have we spent so much energy in the last two decades on establishing patients' library services that we have failed to consider the educational needs of the next stage, for example reading therapy and its relationship with the other therapies carried out in the hospital environment? These and the others I have raised are questions which practitioners and educators must seek to answer together.

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IFLA GENERAL CONFERENCE MUNICH 1983

Division: Libraries serving the General Public

Section: Library services to Hospital Patients and Handicapped Readers

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Hospital Libraries, in the Federal Republic of Germany in general, and in Munich in particular

by

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Special Libraries

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Résumé

The history of the hospital libraries in Germany begins in the 1930s, when individual public libraries undertook on a planned basis the provision of literature to hospital patients. These first attempts were interrupted by the war and postwar years. The real development began in the 1950s, when in some cities public libraries, following the example of the Anglo-Saxon and Scandinavian countries, involved themselves in the creation and organisation of hospital libaries. Guidelines on the organisation, setting up and operation of hospital libraries emanated in 1960 from the German Libraries Association. In recent years a series of central bodies have paid increased attention to the operations of hospital libraries, as for example the "Committee for special consumer groups" of the German Libraries Institute and some embryo projects.

Book therapy in its literal sense is only carried out in a few psychiatric hospitals. There is no special training for hospital librarians in the German Federal Republic. Further education seminars are arranged by the German Libraries Institute and by the specialist church associations.

In spite of their proven need and of recognition from the medical profession, formally organised and specialist led hospital libraries are still only at the beginning of their development in the Federal Republic. Only a few conform to the norms required by the guidelines.

The hospital libraries of the city of Munich constitute a positive example: the paper will deal particularly with their establishment and organisational format.

Hospital Libraries in the Federal Republic of Germany in general and in Munich in particular

In Germany, as in many countries, the essential character of the hospital library is difficult to bring to a common denominator, because of its varied organisational forms and responsibilities.

The idea of establishing hospital libraries indeed started already at the beginning of this century, when isolated articles appeared about the significance of special reading as an important aid to therapy; only, however, in the 1930's, did some public libraries take on the provision of literature to patients in hospital on a planned basis.

In 1935 Dusseldorf, after Leipzig the second hospital library, was opened; it was at first administered by the public library, and to this day functions admirably in the University Clinics.

The good beginnings of those days - the first guidelines on the setting-up and development of hospital libraries appeared in 1939 - were drastically interrupted during the war and in the post-war period. Only in the military hospitals were soldiers supplied with books.

The actual development began only in the 1950's, when it was realised that the hospital library, following the example of the Scandinavian and Ango-Saxon countries, should be managed by the public library, and could only operate effectively in this way. And so, in 1954, the Municipal Libraries in Munich began to build up hospital libraries in all the city hospitals; other cities, albeit hesitatingly, followed this example.

The German Libraries Association founded in 1960 a department called "Hospital Libraries". This sector set itself the task, drawing on international experience, to set norms for hospital library work and to promote the development of hospital libraries in the Federal Republic of Germany. In extension guide-lines for organisation, establishment and work methods, also for a standardised building up of stocks, were worked out, which are available today in 3 editions.

These guide-lines should give doctors, hospital administrators and the librarians themselves a stimulus towards getting to grips with the building-up of hospital libraries according to specialist rules. They will be furthermore sent to those responsible for planning and building new hospitals. Besides this the department publishes circular letters, and compiles lists of recommended books and large print books. In the past years it has instituted questionnaires and organised meetings and further education seminars.

In spite, however, of all these initiatives, standardised and expertly managed hospital libraries in the Federal Republic are still only at the beginning of their development. Thus in the around 3,200 hospitals in the German Federal Republic and West Berlin there are only 350 hospital libraries, of which, according to the 1982 German library statistics, only 108 are managed by senior personnel, and of which further a very small number are led by specialist library staff. The majority of hospital libraries do not conform to the norms laid down in the guide-lines in so far as staff, accommodation and display of media is concerned. Many work in a vacuum, that is to say not in touch with the existing local public library. The social aspect of library work has only achieved significance in the Federal Republic during recent years: a number of central bodies and especially

ministries have paid an increasing amount of attention to hospital libraries. The German Hospital Institute in Dusseldorf and the German Library Institute in Berlin are cases in point; the latter institute, in its 'Committee for special consumer groups', has co-opted representatives of the "Hospital Libraries Sector". The work of the library in the hospital was stimulated by various open days of the German Libraries Institute; the Federal Ministry for Education and Science-financed projects "Technical aid for hospital libraries" and "The Social aspect of Library Work" have also played their part, as has the film connected with this report, which you have seen - "The Public Library in the Hospital", a promotional publication of the German (lady) Doctors Association called "The Happy Sickroom" supports the work of the libraries on child clinics.

Book therapy as an aid in the psychotherapeutic scene, ie the planned use of literature in certain kinds of illness, is only carried out in a few psychiatric hospitals like Bremen.

In some places there are so called integrated hospital libraries - patients' library and medical specialist library under one management - but owing to insufficient staff the patients' library is inevitably neglected.

There is no special training for hospital librarians in the Federal Republic of Germany. It is desirable that additional courses on care and psychology of the sick should supplement the requisite specialist training for librarians. Further education seminars are arranged by the German Libraries Institute in co-operation with the libraries' polytechnics and the churches' library association.

To sum up it can be repeated: in spite of their proven need and of recognition from the medical profession, the hospital library, with certain notable exceptions - has not yet set foot in every hospital. It will need some effort and tenacity to accomplish this penetration, especially as nowadays the emptiness of the public purse has a depressing effect.

I should like to describe to you in particular the Hospital Libraries of the city of Munich, which rank as exemplary in the Federal Republic of Germany.

The Munich hospital libraries, which belong to the Department of Special Libraries of the Municipal Library, can already look back on 29 years of activity. The idea of organising the hospital library as an entity emerged at the end of the 1930's, but could only be realised in 1954. During this year the hospital administration of the city of Munich transferred to the municipal libraries the development and maintenance of patients' libraries in all municipal hospitals with the proviso that the costs accruing should be defrayed by them out of hospital funds. The first hospital librarian was taken on in the same year. Today 8 skilled librarians and 5 assistants work in the 10 hospital libraries. The municipal libraries also took over, in 1966 and 1970, the patients' libraries in both hospitals of the Munich region (Landkreis) and in a state clinic. In this way the first step was taken away from the municipalsphere of influence, and the foundation laid for a unified organised hospital library system in Munich.

The hospital libraries are, without exception, financed from the maintenance allocations of the hospitals. The municipal libraries supply the staff; the resultant costs, as also for the supply of books and other materials, equipment etc are recovered from the employer [hospital administration].

The 10 hospital libraries at this time serve around 6,000 beds and lend yearly an average of 27 volumes per bed. In 1982 they achieved a total of 163,000 volumes lent. The total stock amounts to 43,000 volumes, ie about 7 volumes a bed.

Each hospital library has its own room, which in modern buildings is in a central position in the entrance forecourse, and which is provided with a display counter or window. Lending in situ is arranged 1 - 3 times a week (according to the size of the hospital) for ambulant patients and hospital staff. In addition the books trolley goes once a week to each ward, on a fixed itinerary. In this way the library comes to the bed of every single patient, so reaching all those sick people, who cannot visit the library room. Lending from the trolley has evinced a factor decisive for the effectiveness of hospital library work; only in personal conversation at the bedside can the literary wishes of the non-ambulant patients be recognised and met, having regard to the constraints imposed by their illness and their morale at the time.

In the city childrens' hospitals the distribution is carried out by the kindergarten helpers working there, for whom the central office of the Special Library services makes available books and other material. Talks from authors of books for children and the young are also offered, with Kasperletheater [Punch & Judy shows?] and conjuring shows, which provide a welcome chance in the children's ward. The isolation sections have their own stock of books attached to the ward, mostly paperbacks, which are regularly renewed and supplemented.

For physically handicapped and partially-sighted readers there is a supply of reading equipment and aids to sight available, like magnifying glasses, prismatic spectacles and reading stands. The Bavarian blind acoustic library supplies blind and visually very

handicapped patients with tape cassettes free of charge. Foreign workers have access to literature in their mother tongue.

Games and cassettes - and the so-called 'Speaking Books ' - are also lent, as well as books and periodicals.

Large print books are very important: they are much in demand by sick and elderly people.

It goes without saying that any book asked for by a reader can be supplied through the internal exchange system of the municipal libraries.

The fact that a well organised hospital library system exists in Munich, closely integrated with the local library system, is due to the quality of service and good co-operation of the municipal libraries with the city hospital administration.

The Munich hospital libraries have become an integral part of the hospitals, and have in practice proved that they co-operate successfully in the therapeutic treatment of the sick and have also played their part in fostering the human approach. In Munich at any rate no hospital is planned by the city administration that does not envisage as a priority a hospital library with a centrally-located library room. The patients' library is welcomed by doctors, nursing staff and administrators ; its indispensability is uncontested and everywhere recognised.

13 libraries for old peoples' homes and a mobile house library service are joined to the 10 hospital libraries. These units, joined to the Special Libraries Department, have in all 19 collaborators, of which 12 are specialists. The total stock of media amounts to 63,000 units,

divided among 23 libraries. 208,000 units were lent out in 1982. The social work of the libraries is active and successful, thanks to the financial support of the City and to the national format of its organisation within the framework of the municipal library system; it is used a very great deal by the citizens of Munich.

IFLA 1983

IFLA GENERAL CONFERENCE MUNICH 1983

Division: Libraries serving the General Public

Section: Library services to Hospital Patients and Handicapped Readers

43-HOSP-3-E

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Mobile Library House Services in the Federal Republic of Germany in general and in Munich in particular

by

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Special Libraries

Munich, Federal Republic of Germany

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Mobile Library House Services in the Federal Republic of Germany in general and in Munich in particular

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Mobile Library House Services in the Federal Republic of Germany care for housebound readers, that is to say readers who because of their age or physical disability cannot get to a library. In addition residents of old peoples' homes and handicapped peoples' homes are looked after.

In Germany mobile library services have existed only since the beginning of the '60s. They grew mainly out of the personal commitment of librarians, and were neither organised nor formally structured. Their real beginning dates only from the '70s. According to a questionnaire of the Project Group of social library activities of the German Libraries Institute (DBI) in 1979, mobile library services operated in 20 towns. In 1983 about 35 libraries were active in this sphere, while in 15 others such a service was being planned.

Examples of mobile library services were especially known in Scandinavia and the USA.

The development of such services in Germany was made possible by the consciousness of society of the problems and of the situation of old and handicapped people, which awareness has grown in the last 10 years.

A paper on libraries, produced by the Communal Community Centre for the Rationalization of Administration in 1973, formulates the task of the libraries in this social aspect. It emphasises that it is the duty of the libraries to give to all citizens the possibility of

achieving a meaningful, continuous and progressive education, as well as to improve the quality of leisure. In addition they (the libraries) "were to concentrate on the requirements of those groups of people, who needed special help in the utilization of their accommodation" (1) And so the Bundesland Baden-Wurttemburg, within the framework of a paper "Family-Pensioners" promoted mobile library services, already existing in 2 communes, with special support, in order to publicize these examples of social library work and to encourage their imitation.

It is to be expected that the readiness of the libraries to establish such a service, will also be encouraged by the work of the project-group 'Libraries' Social Work' of the DBI. The latter's basic paper supplies for librarians, not only lines of approach but also arguments to be used in conversations with politicians.

In librarians' training at the polytechnics, mobile library services have only figured during the last few years. The supply of arrangements, for the further study of this subject is sparse. Only a few isolated articles are to be found in professional librarians' journals.

It is far too soon to expect guidelines such as have been laid down for hospital libraries a long time ago.

Hardly anything of general relevance to the organisation, fitting-out and operation of the mobile library services in Germany can be said: the picture is too fragmented. Even the nomenclature varies from 'Book parcels for old people' to 'Books for Pensioners' or 'Books on Wheels' or 'Mobile Library House Service'. There are also unfortunately no new and comprehensive data from a questionnaire.

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The following facts can be established:

Only a few libraries have special staff for this service. There is seldom special provision for the supply of media such as large-print books, literature on cassettes, or for the purchase of reading aids, all of which are in strong demand in the library service.

The organisational structure of the library service varies. In most cities it is a part of the central library, in some of a suburban library, or of a travelling library: in Munich it belongs to a separate section.

The lending cycle is generally 4 weeks, sometimes 2 or 3. In this way 10-40 readers are serviced per working day. 10 to 60 minutes (average 20 minutes) are allotted for talk with the reader. To this must be added preparation, transport time and subsequent clearing-up.

Sadly the majority of libraries still carry out this service with private cars. Only * library services have their own vehicle; some are allotted a vehicle from the municipal car park, subject to agreement.

The librarian undertakes the organisation and the choice of books. The book delivery is sometimes effected by a conscientious objector. Some libraries give the books etc chosen by the reader to the mobile services of the charitable organisations, for example to the "Meals on Wheels" drivers.

* Number not included in text

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All libraries work with charitable and handicapped organisations for the listing of addresses; they also co-operate with doctors, the press, radio and others. In this context they have to be careful to comply with the laws governing confidentiality of information.

A well developed and organised example of Mobile Library House Services (HD) in Germany is found in Munich.

HD was given a year's trial here in 1979. In 1980, by a decision of the City Council, its use was authorised for the whole area of the city.

HD is an integral part of the Special Libraries Section of the Munich City Library, which also looks after the hospital and old people's home libraries.

1 librarian and 1/2 assistant librarians are allotted to this service as well as 1 conscientious objector, who acts as driver and on occasion carries out the delivery of the books on his own.

HD, since August 1981, owns a Volkswagen-Bus.

HD has a special stock of around 4,000 books, 700 cassettes (including literature on cassettes) and 6 series of journals. This is continually being increased through its own budget. In addition, through a rapid and smoothly functioning "cross-traffic" the stock of the Special Libraries Section and the main City Library is interchangeable. By the end of 1983 the Section will move into a central library building (Haus am Gasteig) where it will have a free stock of around 120,000 volumes to dispose of.

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Reading aids like magnifying glasses, reading supports and stands, also cassette-recorders, are available in profusion.

The Mobile Library House Service in Munich services about 250 readers in the whole city area (May 1983). The target, given the same personnel situation, is for some 350 addresses.

The readers are identified through constant co-operation with charitable and handicapped organisations, press, radio and oral information from old and handicapped people; 20% of the readers opt out of the service every year. Unsighted readers are referred to the audio library for the blind, with whom we in any case maintain close contact.

Distribution is organised as follows:

The various media (books, cassettes) are put together in a holder for each reader before departure. Information about general reader preference or about previous orders is noted on a card. The reader can inter alia order catalogues, which will be given to him on the first visit. HD has its own telephone for telephoned orders.

The 250 readers are divided into 14 circuits which means 3-4 trips per week. Each circuit is made with a 4-weeks gap: this related to the loan period in the City libraries. For each circuit a list of readers in geographical order is made out. 15-20 readers are visited on each distribution day. The importance of leaving sufficient time for a talk between librarian and reader is emphasised.

(Statistics about HD should be consulted in the attachment).

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To sum up it should be said that mobile library house services in the Federal Republic of Germany are still at the beginning of their development. The consciousness of the necessity for social library work has only been awakened, even along librarians, in the last ten years. In the present as well as the future development of library studies there is still only a limited output on the subject of the HD. It is to be hoped that the number of libraries which provide this service, will continue to increase, in spite of the ~~commercial~~ economic situation.

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Statistics of HD Munich

As at 31.12.1982

Active Readers	300
Age	17 - 100 years
Average Age	72.3 years
Male	14.3%
Female	85.7%
Private Addresses	40.4%
Home addresses (institutions)	59.6%
Yearly distribution	14.846 Media
of which Cassettes	21.66%
of which Reading Aids	1.31%
Media per borrower: in and out	6.3
Cross-traffic (in books &c)	12.9%

Résumé

Mobile Library House Services in the Federal Republic of Germany in general and in Munich in particular.

Mobile library house services in Germany serve housebound readers, and those living in homes, with reading material. This service of the libraries exists only since the beginning of the 70s. Today it is offered by around 35 town-libraries, although in diverse organisational forms, quality and quantity. Special staff, transport and equipment are rarely available. A positive example is the mobile library service in Munich, which is institutionalised and well organised.